

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.008	.139	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	6/04/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		6/04/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.053	.183	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.98	1.98	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.43	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.16	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/6/04/2015	
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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB

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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	/6/04/2015
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06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.181	1.424	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.4	10.4	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.45	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		07/13/2015
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DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.3	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.53	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.7	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.57	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.53	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/5/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.6	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/5/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.23	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.73	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	05/11/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)381-2802	7/13/2015
TYPED OR PRINTED		AREA Code		NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.14	.364	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.58	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/7/13/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/7/13/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
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LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/7/13/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent				(617)381-2802		/7/13/2015	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0048	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .03	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/5/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR (SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		05/11/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.07	.923	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.1	15.1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.62	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	8/10/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	8/10/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.079	.314	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/8/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/8/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/8/10/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	/8/10/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.02	.271	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.6	18.6	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	09/09/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			(617)381-2802		09/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.045	.182	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.3	4.3	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.68	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/9/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	/9/09/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.095	2.681	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.3	11.3	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			(617)381-2802		0/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.4	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2188	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.81	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.54	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0881	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.072	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0587	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	166	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.08	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	0/08/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		0/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.047	.296	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	2.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	0/08/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.019	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .02	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		0/08/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR (SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		0/08/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR (SUBR E)
Twice A Year Sampling for Continuous Tre:
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1200	mg/L		Twice per Year	GRAB
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.27	mg/L		Twice per Year	GRAB
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	mg/L		Twice per Year	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Twice per Year	GRAB
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 DAILY MN	*****	*****	%		Twice per Year	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	0/08/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.14	1.651	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	4.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.45	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent				(617)381-2802		1/05/2015	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		1/05/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.12	.481	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.8	3.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.54	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	1/05/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.013	.148	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.38	6.38	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	2/09/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		2/09/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
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FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.056	.304	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.6	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	56.4	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		2/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		2/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		2/09/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent				(617)381-2802		2/09/2015	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
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MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.199	1.03	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.75	5.75	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.46	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	11/11/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.53	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.44	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 960	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	1/05/2015
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			(617)381-2802		11/11/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.11	.416	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.3	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.63	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.99	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		11/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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LOCATION: 52 BEACHAM ST
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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		11/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		11/11/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.82	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	11/11/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .005	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0039	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .003	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		1/05/2015	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02149-5526
MAJOR (SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Jason Pociask/ Terminal Superintendent			(617)381-2802		1/05/2015
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.144	1.236	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.93	33	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.56	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	12/03/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			(617)381-2802		12/03/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.131	.333	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.59	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.919	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.17	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/2/03/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/2/03/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/2/03/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.089	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE	DATE
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	12/03/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.18	1.234	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.55	6.55	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.6	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802	03/02/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask	TELEPHONE		DATE
Jason Pociask/ Terminal Superintendent			(617)381-2802		03/02/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
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FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.156	.342	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.53	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/3/02/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/3/02/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		/3/02/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jason Pociask		TELEPHONE		DATE	
Jason Pociask/ Terminal Superintendent				(617)381-2802		/3/02/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
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FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
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MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.107	1.46	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	8.9	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.54	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Guy Musto		TELEPHONE		DATE	
Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.4	ug/L		Quarterly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Polynuclear Aromatic Hydrocarbons [PAHs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.826	ug/L		Quarterly	GRAB
22456 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	ug/L		Quarterly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2	ug/L		Quarterly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.66	ug/L		Quarterly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	40 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.39	ug/L		Quarterly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.559	ug/L		Quarterly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.07	ug/L		Quarterly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
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FACILITY: EXXONMOBIL EVERETT TERMINAL
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MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0532	ug/L		Quarterly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	ug/L		Quarterly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.63	ug/L		Quarterly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		/4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.59	ug/L		Quarterly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.254	ug/L		Quarterly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Quarterly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.3	ug/L		Quarterly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	ug/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		/4/14/2016	
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
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FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01A-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.71	ug/L		Quarterly	GRAB
37371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Ethanol	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1220	ug/L		Quarterly	GRAB
77004 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

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Guy Musto/ Terminal Superintendent			(617)381-2802		4/14/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.16	.374	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	< 1	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.49	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L. A second grab samples taken on March 23, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, and <0.0196 ug/L. A third grab samples taken on March 31, 2016 indicated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		4/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L. A second grab samples taken on March 23, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, and <0.0196 ug/L. A third grab samples taken on March 31, 2016 indicated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Guy Musto		TELEPHONE		DATE	
Guy Musto/ Terminal Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)381-2802		4/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L. A second grab samples taken on March 23, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, and <0.0196 ug/L. A third grab samples taken on March 31, 2016 indicated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Twice per Month	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Analytical test results for Benzo[b]fluoranthene, Benzo[k]fluoranthene, Benzo[a]pyrene, and Benzo[a]anthracene received on March 21, 2016 yielded results of 0.187 ug/L, 0.0513 ug/L, 0.155 ug/L, and 0.19 ug/L, respectively. A retest of the original sample (beyond the method hold time limit) indicated results of <0.0190 ug/L, <0.0190 ug/L, <0.0190 ug/L, and <0.0190 ug/L. A second grab samples taken on March 23, 2016 indicated results of <0.0196 ug/L, <0.0196 ug/L, <0.0196 ug/L, and <0.0196 ug/L. A third grab samples taken on March 31, 2016 indicated

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Quarterly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002	mg/L		Quarterly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.039	mg/L		Quarterly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .02	mg/L		Quarterly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Quarterly Sampling For Continuous Treatm
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free available	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Quarterly	GRAB
51173 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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Guy Musto/ Terminal Superintendent			(617)381-2802		04/14/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01C-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR (SUBR E)
Twice A Year Sampling for Continuous Tre:
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	810	mg/L		Twice per Year	GRAB
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Twice per Year	GRAB
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6	mg/L		Twice per Year	GRAB
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice per Year	GRAB
LC50 Static 48Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Twice per Year	GRAB
TAA3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 DAILY MN	*****	*****	%		Twice per Year	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		4/14/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149
ATTN: Terminal Supt.

MA0000833	01A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Corrugated Plate Separator Effluent
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.136	1.449	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.7	4.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Guy Musto	TELEPHONE		DATE
Guy Musto/ Terminal Superintendent			(617)381-2802		05/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Oil Water Separator Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Once per Discharge	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Once per Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Guy Musto	TELEPHONE		DATE
Guy Musto/ Terminal Superintendent			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)381-2802	05/13/2016
TYPED OR PRINTED		AREA Code		NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.163	.377	MGD	*****	*****	*****	*****		Continuous	METER
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .7	< .7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.51	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Methyl tert-butyl ether [MTBE]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
22417 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	70 DAILY MX	ug/L		Monthly	GRAB
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .33	ug/L		Monthly	GRAB
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .36	ug/L		Monthly	GRAB
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Guy Musto		TELEPHONE		DATE
Guy Musto/ Terminal Superintendent				(617)381-2802		5/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: EXXON MOBIL EVERETT TERMINAL
ADDRESS: 52 BEACHAM ST
EVERETT, MA 02149
FACILITY: EXXONMOBIL EVERETT TERMINAL
LOCATION: 52 BEACHAM ST
EVERETT, MA 02149

MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Acenaphthylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Acenaphthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
Anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		05/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .37	ug/L		Monthly	GRAB
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Fluorene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ug/L		Monthly	GRAB
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Phenanthrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB
Pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	ug/L		Monthly	GRAB
Benzo[ghi]perylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		05/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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MA0000833	01C-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02149-5526
MAJOR
(SUBR E)
Continuous Treatment System Effluent
External Outfall

No Discharge ☐

ATTN: Terminal Supt.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	ug/L		Monthly	GRAB
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	GRAB
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .6	ug/L		Monthly	GRAB
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
BTEX	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	ug/L		Monthly	GRAB
49491 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	GRAB

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Guy Musto/ Terminal Superintendent				(617)381-2802		/5/13/2016	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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